

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 30 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stoddard
 Township Liberty
 City Burns (No. R1)

Registration District No. 836
 Primary Registration District No. 6098a

File No. 49418
 Registered No. 58
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15th 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Burns R1
 (STATE OR COUNTRY)

FATHER 13. NAME Judson Lee

14. BIRTHPLACE (CITY OR TOWN) Ill.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Delia Peacock

16. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

17. INFORMANT Judson Lee
 (ADDRESS) Burns R1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burns DATE 11/16 1936

19. UNDERTAKER Home made Box
 (ADDRESS)

20. FILED Nov 19, 1936 Florence Allen
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1936 to 11-15 1936

I last saw him alive on _____ 19____. Death is said

to have occurred on the date stated above, at 10:30 p.

The principal cause of death and related causes of importance were as follows:

Stell Birth Stomach
Breach Chestnut

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) S. S. Lee, M. D.

(Address) Defier Mo

